

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 15, 2016

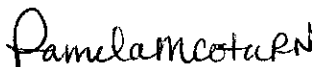
Ms. Catherine Rooney, Manager
Owen House, Ltd
3 Union Street
Fair Haven, VT 05743-1028

Dear Ms. Rooney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on January 11, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Revised POC

PRINTED: 02/24/2016
FORM APPROVED

Division of Licensing and Protection		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0382		(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/11/2016
NAME OF PROVIDER OR SUPPLIER OWEN HOUSE, LTD		STREET ADDRESS, CITY, STATE, ZIP CODE 3 UNION STREET FAIR HAVEN, VT 05743			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R10	Initial Comments: An unannounced onsite re-licensure survey was completed on 1/11/16 by the Vermont Division of Licensing and Protection. The following regulatory violations were found.	R100			
R10 SS=	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate,	R104	R104 All admission agreements were updated & completed by & signed by appropriate individuals by 1/21/16		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

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If continuation sheet 1 of 8

R104 - R314 POCs accepted 3/15/16 MBB/HRN/mml

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R10	Continued From page 1 the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to update admission agreements for 3 of 3 residents in the sample receiving ACCS (Assistive Community Care Services) services regarding room and board rates and personal needs allowance. (Residents #1, #2, and #3). Findings include: Per review of the admission agreements for Residents #1, #2 and #3 on 1/11/6, there had been no new agreement written to reflect the annual changes in the specific room and board rate and the amount of the personal needs allowance for each of these residents and the stated rates were not accurate. The failure to update the admission agreements was confirmed during interview with the ADM the same day.	R104		
R1-SS	V. RESIDENT CARE AND HOME SERVICES 5.9.c(2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by:	R145		

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R14	Continued From page 2 Based on staff interview and record review, the RN failed to assure that the care plan for each resident addressed all of their identified needs for 2 of 3 residents in the sample. (Residents #2 and #3). Findings Include: 1. Per record review, the care plan for Resident #1 did not address the resident's gain of 25 pounds since admission in March, 2015. The RN monthly assessment noted the weight gain but did not address the gain in a care plan. The resident is 5 feet and 2 inches in height and is independent with all Activities of Daily Living (ADLs). The resident also has an anxiety disorder requiring staff reassurance and support and this need was not addressed on the care plan. 2. Per record review, the care plan for Resident #2 did not identify the resident's weight loss. The resident is overweight (5'2" and 186 pounds) and has multiple co-morbidities per the ADM. S/he has gradually lost 16 pounds in the last year and is on a NCS (no concentrated sweets) diet. The weight loss is not identified and addressed on the care plan and there is no specific goal related to the weight loss.	R145	<i>2145</i> <i>Nurse has re-addressed the care plans & we are planning to have the dr's acknowledge weight gains/loss on their orders in writing at residents scheduled visits</i> <i>2/1/16 done</i>	
R179	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not	R179		

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R17	<p>Continued From page 3</p> <p>limited to, the following:</p> <ul style="list-style-type: none"> (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that all direct care staff completed the seven required annual in-services, as part of the total of 12 hours of annual in-services training required. (5 of 5 staff reviewed did not completed all trainings). Findings include:</p> <p>Per review of the in-service trainings for 5 direct care staff for the previous 12 month period, no staff had completed all of the 7 specific state required annual trainings. Although the staff did complete 12 hours of training, the training failed to include the following mandatory subjects: Resident Rights, Fire Safety, Emergency Response, Abuse/Neglect Exploitation and Respectful Effective Communication. The failure to include the required trainings was confirmed during interview with the ADM on the afternoon of 1/11/16.</p>	R179	<p>R179</p> <p>The nurse has put together a new in-service manual that includes the mandatory inservices plus other training inservices</p> <p>The mandatory are completed within the 1st 3 months of each year or when a new staff begins working</p> <p>new manual done 2/1/16</p>	

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R24 SS=	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure that all perishable foods were maintained in accordance with licensing regulations and accepted safe food handling practices. Findings include:</p> <p>Per observations in the kitchen area on 1/11/16 at 10:15 AM, the following undated food was observed in the main refrigerator: a container of left over chicken chow mein. Additionally, there was leftover pizza dated 1/2/16 and scalloped potatoes dated 1/4/16. Per interview with the administrator at the time of the observation, per facility policy, perishable leftovers should be disposed of by the end of the 5th day. The pizza and potatoes were disposed of at that time.</p>	R247	<p>R247</p> <p>Supplies are delivered daily and during that time a check of the refrigerator is done to check dates + to be sure all else is dated</p>	
R30 SS=	<p>IX. PHYSICAL PLANT</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building</p>	R302		

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R30	Continued From page 5 when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure that fire drills were conducted for 1 of the 4 required times of the day during the last 12 month period. Findings include: Per review of the schedule of fire drills conducted during the past 12 month period, there was no fire drill completed during the night time hours (between 12 midnight and 6:00 AM). The Vermont Residential Care Home Licensing Regulations state: Fire drills shall be conducted on at least a quarterly basis and shall rotate times of the day among morning, afternoon, evening and night. The omissions were confirmed with the Administrator during interview on the afternoon of 1/11/16.	R302	<i>R302</i> <i>Fire drills will be scheduled during the hours of</i> <i>6AM - 12 Noon</i> <i>12 Noon - 4 PM</i> <i>4 PM - 6 PM</i> <i>6 PM - 6 AM</i> <i>revised POC</i>	
R302	XI. RESIDENT FUNDS AND PROPERTY 11.1 A resident's money and other valuables shall be in the control of the resident, except where there is a guardian, attorney in fact (power of attorney), or representative payee who requests otherwise. The home may manage the resident's finances only upon the written request	R313	<i>Midnite 5⁵⁹ AM</i> <i>6AM - 11⁵⁹ AM</i> <i>Noon - 5⁵⁹ PM</i> <i>6PM - 11⁵⁹ PM</i>	

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R31	Continued From page 6 of the resident. There shall be a written agreement stating the assistance requested, the terms of same, the funds or property and persons involved. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to obtain a written request for assistance from 1 applicable resident whose finances they manage. (Resident #1). Findings include: Per review of records and interview with the Administrator (ADM) on 1/11/16 at 10:45 AM, the ADM provides management of financial records for Resident #1 and does give a report verbally to their legal guardian. The ADM confirmed that the home did not require the resident's guardian to request assistance in managing the financial services in writing.	R313	R313 I am now providing the legal guardian with a quarterly written accounting of residents finances. There will be a copy of such in residents office records kept at main office 1/31/16 1st grt.	
R31 SS=	XI. RESIDENT FUNDS AND PROPERTY 11.2 If the home manages the resident's finances, the home must keep a record of all transactions, provide the resident with a quarterly statement, and keep all resident funds separate from the home or licensee's funds This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to provide the resident/legal representative with a quarterly statement for applicable resident in the survey. (Resident #1). Findings include:	R314	R314 same as above	

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R3	Continued From page 7 Per interview on 1/11/16, the home's ADM stated that although they do provide frequent verbal reports of Resident #1's financial transactions, they have not been providing the required written quarterly reports.	R314		

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